

# CITY OF WILLOUGHBY HILLS

35405 CHARDON ROAD ♦ WILLOUGHBY HILLS, OHIO 44094  
(440) 942-9111 ♦ FAX (440) 942-1355

**FOR OFFICE USE ONLY**

**RECEIVED BY** \_\_\_\_\_

**DATE** \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

Applicants for employment with the City of Willoughby Hills are evaluated on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without discrimination based on race, color, national origin, ancestry, religion, creed, sex, sexual orientation, gender, marital or veteran status, age, political affiliation, disability and/or handicap or any other legally protected status.

### PLEASE PRINT

Position Applying for: \_\_\_\_\_ ☐ Full Time ☐ Part Time

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

Date you will be available to start: \_\_\_\_\_

Are you legally permitted to work in the United States? ☐ YES ☐ NO

**ALL APPLICATIONS BECOME THE PROPERTY OF THE WILLOUGHBY HILLS POLICE DEPARTMENT**

**EQUAL OPPORTUNITY EMPLOYER**

## **PERSONAL DATA**

Have you previously applied for a position with the City of Willoughby Hills?	<input type="checkbox"/> YES <input type="checkbox"/> NO
When: _____	
Have you ever been employed by the City of Willoughby Hills?	<input type="checkbox"/> YES <input type="checkbox"/> NO
When: _____ Reason for Leaving: _____	
Are you related to anyone employed by the City of Willoughby Hills?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____ Relationship to you: _____	
Have you ever been employed by another public employer in Ohio?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you work rotating shifts, overtime, weekends, and holidays?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been dismissed from or asked to resign from any employment position?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain: _____	
Other than English, are you able to read or write any other language?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain: _____	

Do you have the required licenses or certifications to perform the job you are applying for?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a valid Ohio driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you presently have or are you willing to obtain a valid Ohio commercial driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your driver's license been suspended or revoked within the last five (5) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had any traffic violations in the past five (5) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list: (attach additional sheet(s) if necessary)	
OFFENSE	APPROXIMATE DATE (MO/YR)
Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please list: (attach additional sheet(s) if necessary)	
OFFENSE	APPROXIMATE DATE (MO/YR)

## **EMPLOYMENT**

Begin with your most recent job and list your work history in chronological order. **Include in sequence all part-time jobs, periods of unemployment and military service for the last ten (10) years.** If presently employed, indicate so in date block. (attach additional sheet(s) if necessary)

May we contact your present employer for a reference? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		POSITION HELD
DATES EMPLOYED FROM                      TO	SUPERVISOR	SALARY
REASON FOR LEAVING		
NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		POSITION HELD
DATES EMPLOYED FROM                      TO	SUPERVISOR	SALARY
REASON FOR LEAVING		
NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		POSITION HELD
DATES EMPLOYED FROM                      TO	SUPERVISOR	SALARY
REASON FOR LEAVING		

## **EDUCATIONAL**

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	DEGREE	AREA OF STUDY	GRADUATE	
				YES	NO

## **REFERENCES**

Fill in below the names of three adults, not related to you and not former employers.

NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation
NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation
NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation

### **ALL APPLICANTS MUST READ AND SIGN THE FOLLOWING CERTIFICATE**

In consideration of the acceptance of my application for employment by the City of Willoughby Hills (hereinafter referred to as "City"), I understand, agree, and/or certify to the following:

1. I certify that all information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any information on my application (including any supplemental questionnaire), resume, or any other materials, or during any interviews, will be justification for withdrawing any offer of employment or, if employed, termination from employment, regardless when the falsification, misrepresentation or omission is discovered by the City.
2. Any offer of employment I may receive from the City is contingent upon satisfactory results from the City's total pre-employment screening process. These results may include, but not be limited to the following:
  - a. Receipt by the City of references that it considers satisfactory;
  - b. Satisfactory completion of a post-offer, pre-employment medical examination that is job related and consistent with business necessity;
  - c. Passing a screening for alcohol and/or drugs;
  - d. Satisfactory completion of any pre-employment psychological examination/screening that the City may require that is job related and consistent with business necessity;
  - e. Satisfactory completion of any physical/mental skills testing or evaluation that the City may require that is job related and consistent with business necessity; and
  - f. Satisfactory completion of criminal history and background investigation.
3. I authorize the City and its agents to conduct a criminal history investigation with any or all federal, state, and local jurisdictions. This investigation may seek information on any felony and misdemeanor convictions I may have and my driving record.
4. I understand and agree that applicants for positions in the Division of Police and Divisions of Fire, and at the City's discretion, applicants for any other position in the City, will be subject to a more extensive background investigation. This investigation may include, but not be limited to, information as to my moral character and habits, general reputation, personal characteristics, and mode of living. This investigation may be conducted by the City's Division of Police or other agents of the City and may include interviews with my friends, neighbors, and associates. I hereby release the City and its agents, including employees of the Division of Police, my friends, neighbors and associates, and all other parties from any and all liability for damages arising from the conduct of this investigation, and the release of information as a result thereof.

5. I hereby grant the City and its agent's permission to contact all of my present and former employers and those individuals I have provided as personal references (unless otherwise specified on this application). I authorize and request that such employers and references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. Furthermore, I authorize the City and its agents to obtain transcripts from all educational institutions I have attended. I also grant the City and its agent's permission to conduct whatever investigation which may be needed to obtain or verify information regarding statements contained in my application, resume, any other materials, or any interviews, or concerning my qualifications for employment. I hereby release the City and its agents, my present and former employers, my personal references, and all other parties from any and all liability for damages arising from furnishing the request information.
6. This application is subject to the Civil Service Rules of the City, as applicable.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

This application will be active for one (1) year from the date signed. After one (1) year, an applicant must re-file for further consideration.

FOR INTERNAL USE ONLY			
Arrange Interview:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Remarks:	_____ _____ _____		
		Interviewer's Signature	Date
Employed:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Starting Date: _____	Starting Rate: _____
Job Title:	_____		

**Willoughby Hills Police Department**  
35405 Chardon Road  
Willoughby Hills, Ohio 44094  
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